

CLASS C AMENDMENT FORM

2010-138-T

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File the original with: Public Service Commission of South Carolina Clerk's Office Motor Carrier Matters P.O. Box 11649 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199	Mail or fax a copy to: S.C. Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, S.C. 29201 (803) 737-0578 FAX (803) 737-0815
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DATE: 1/29/2013

I have the following Certificate:

☒ Class C Taxi # 8272^{-A}
☐ Class C Charter # _____
 ☐ Class C Charter Bus # _____
☐ Class C Non-Emergency # _____

Please consider this as my request for the following amendment(s) to my Certificate:

☒ **Name Change**

From: JASON P ROBINSON DBA: ADR TAXI CAB
 (Current Name) (Current DBA if applicable)
 TO: UNITED TAXI CAB LLC DBA: ADR TAXI CAB
 (New Name) (New DBA if applicable)

☐ **Scope of Authority**

From: _____ To: _____
 (Current Scope) (New Scope)

☐ **Passenger Limit**

From: _____ To: _____
 (Current Limit Number) (New Limit Number)

UNITED TAXI CAB LLC DBA ADR TAXI CAB
 Name & DBA if DBA is applicable)
 Mailing
P.O. BOX 6512
BETHLEHEM S.C. 29903
 (City, State, Zip Code)

843-726-5191
 (Telephone Number)

TAX ID #
46-1893880

18 Bell Drive
Port Royal S.C.
 (Street and/or Mailing Address) 29935
[Signature]
 (Signature)

Member Jason Robinson
 (Title) Owner, President, etc.

JASON ROBINSON
 Revised 3-2-10

DEFERRED TO BE A FILE AND TO BE
AS TAKEN FROM AND COMPARED A
ORIGINAL ON FILE IN THE STATE

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

DEC 31 2012

Mark Hammond
SECRETARY OF STATE

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (Company ending must be included in name*)

UNITED TAXI CAB LLC

*NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."

2. The address of the initial designated office of the limited liability company in South Carolina is

4495 OLD HOUSE RD

Street Address

RIDGELAND

City

29936

Zip Code

3. The initial agent for service of process is

JASON ROBINSON

Name

Jason Robinson
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

4495 OLD HOUSE RD

Street Address

RIDGELAND

City

29936

Zip Code

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a) JASON ROBINSON

Name

4495 OLD HOUSE RD

Street Address

RIDGELAND

City

S.C.

State

29936

Zip Code

(b)

Name

Street Address

City

130124-0029

UNITED TAXI CAB LLC

FILED: 12/31/2012

Filing Fee: \$110.00 ORIG

Mark Hammond

South Carolina Secretary of State



Name of Limited Liability Company UNITED TAXI CABS LLC

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) _____
Name

Street Address

City State Zip Code

(b) _____
Name

Street Address

City State Zip Code

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

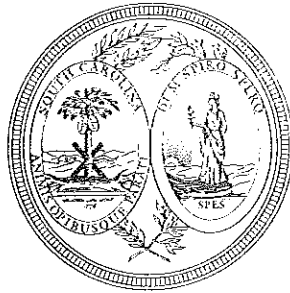
Jason Palmer
Signature of Organizer

12/26/2012
Date

Signature of Organizer

Date

The State of South Carolina




Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

UNITED TAXI CAB LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on December 31st, 2012, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
24th day of January, 2013.


Mark Hammond, Secretary of State